

**Political Organization  
Notice of Section 527 Status**

OMB No. 1545-1693

**Part I General Information**

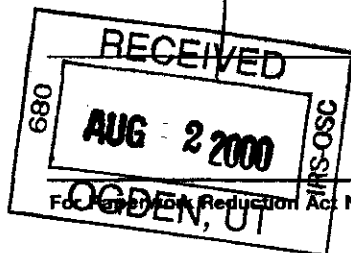
1 Name of organization <b>FRIENDS OF JIM GERLACH COMMITTEE</b>		Employer identification number <b>APPLIED FOR (COPY ATTACHED)</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>PO BOX HARBOUR RIDGE CANYE</b>		<b>23-3049766</b>
City or town, state, and ZIP code <b>DOWNINGTOWN, PA. 19335-4536</b>		
3 E-mail address of organization		
4a Name of custodian of records <b>ALAN J. LANDZIN - TREASURER</b>	4b Custodian's address <b>911 WEST AYRES WAY DOWNINGTOWN, PA. 19335</b>	
5a Name of contact person <b>ALAN J. LANDZIN - TREASURER</b>	5b Contact person's address <b>911 WEST AYRES WAY DOWNINGTOWN, PA. 19335</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <b>NA</b>		
City or town, state, and ZIP code <b>NA</b>		

**Part II Purpose**

7 Describe the purpose of the organization  
**POLITICAL CAMPAIGN COMMITTEE**

**Part III List of All Related Entities (see instructions)**

8a Name of related entity	8b Relationship	8c Address
<b>NA</b>	<b>NA</b>	<b>NA</b>
<b>OGDEN, UT</b>		



For Paperwork Reduction Act Notice, see page 4.

Cat. No. 30405V

Form **8871** (7-2000)

8



(AUTO)

THE FOLLOWING FILE(S) ERASED

FILE FILE TYPE OPTION  
094 MEMORY TX

TEL NO.  
912155163990

PAGE RESULT  
01/01 OK

## ERRORS

1) HANG UP OR LINE FAIL 2) BUSY 3) NO ANSWER 4) NO FACSIMILE CONNECTION

Form **SS-4**

(Rev. April 2003)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions)	FRIENDS OF JIM GERLACH COMMITTEE																													
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	ALAN J. RANDZIN - TREASURER																												
	4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)																													
	4b City, state, and ZIP code	5b City, state, and ZIP code																													
	6 County and state where principal business is located																														
	CHESTER - PA.																														
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or EIN may be required (see instructions)																														
ALAN J. RANDZIN 153-40-0766																															
8a Type of entity (Check only one box.) (see instructions)																															
Caution: If applicant is a limited liability company, see the instructions for line 8a.																															
<table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Personal service corp.</td><td><input type="checkbox"/> Estate (SSN of decedent)</td><td></td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> National Guard</td><td><input type="checkbox"/> Plan administrator (SSN)</td><td></td></tr><tr><td><input type="checkbox"/> REMC</td><td><input type="checkbox"/> Farmers' cooperative</td><td><input type="checkbox"/> Other corporation (specify) ▶</td><td></td></tr><tr><td><input type="checkbox"/> State/local government</td><td></td><td><input type="checkbox"/> Trust</td><td></td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td></td><td><input type="checkbox"/> Federal government/military</td><td></td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ▶</td><td colspan="3">(enter GEN if applicable)</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) ▶</td><td colspan="3">POLITICAL CAMPAIGN COMMITTEE</td></tr></table>				<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> Partnership	<input type="checkbox"/> National Guard	<input type="checkbox"/> Plan administrator (SSN)		<input type="checkbox"/> REMC	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other corporation (specify) ▶		<input type="checkbox"/> State/local government		<input type="checkbox"/> Trust		<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Federal government/military		<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)			<input checked="" type="checkbox"/> Other (specify) ▶	POLITICAL CAMPAIGN COMMITTEE		
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<input checked="" type="checkbox"/> Other (specify) ▶	POLITICAL CAMPAIGN COMMITTEE																														
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country																												